

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 Yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 6 W. End Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Norman G. Adams3. (b) Social Security Number  
212-12-1645

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Mabel, Pink 6. (c) If alive, give age 45 years  
 7. Birth date of deceased (mo., day, yr.) Dec. 2, 1898  
 8. AGE: Years 47 Months 9 Days 14 If less than one day ..... hrs. .... min.

9. Birthplace Cambridge, Dorchester, Md.  
 (Town, county, and state)  
 10. Usual occupation Mariner  
 11. Industry or business .....

FATHER 12. Name George, W. Adams  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Triphena Evans  
 15. Birthplace Maryland

16. Informant Mrs Mabel Adams  
 Address Cambridge, Maryland  
 17. Burial Date thereof Sept. 19, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
 Location Cambridge, Maryland

18. Funeral director Le Compte Funeral Service  
 Address High, St., Cambridge, Md.

19. 3/25/47 19. John M. ...  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept. 16, 1946 at .....

21. I CERTIFY that death occurred on the date above stated; that I attended death from Sept. 16, 1946 to Sept. 16, 1946  
 and that I last saw him alive on Sept. 16, 1946

Immediate cause of death Coronary Thrombosis DURATION 2 hr.  
acute slow

Due to .....

Due to .....

Other conditions Angina Pectoris ?  
 (Include pregnancy within 3 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work?

23. SIGNATURE Vincent Thompson MD M. D. or other  
 Address Cambridge, Md. Date signed Mar 22, 47

RECEIVED

MAR 27 1947

BUREAU 7 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
birth date of deceased is  
shown on  
FILE No. 107 OCT 8 1946

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (142)

## CERTIFICATE OF DEATH

Reg. Dist. No. 11d

## 1. PLACE OF DEATH:

County..... **Dorchester**  
City or town..... **Eldorado (Rural)**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... **all of life**  
Hospital, institution, or street address where death occurred:  
**P.O. Rhodesdale, Md.**  
How long in hospital or institution?..... **X**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... **Maryland** County..... **Dorchester**  
City or town..... **Eldorado (Rural)**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... **P.O. Rhodesdale, Md.**  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

## 3. (a) FULL NAME

**Daniel H. Brinsfield**

## 3. (b) Social Security Number

**None**

4. Sex..... **male** 5. Color or race..... **white** 6.(a) Single, married, widowed, or divorced..... **married**  
6.(b) Name of husband or wife..... **Emily Fannie Adams**  
6.(c) If alive, give age..... **84** years  
7. Birth date of deceased (mo., day, yr.)..... **October 21, 1864 1860**  
8. AGE: Years..... **85** Months..... **10** Days..... **22** If less than one day..... **X** hrs. min.

9. Birthplace..... **Dorchester County - Md.**  
(Town, county, and state)  
10. Usual occupation..... **Farming**  
11. Industry or business..... **Farm**  
FATHER 12. Name..... **Elijah Brinsfield**  
13. Birthplace..... **Dorchester Co. Md.**  
MOTHER 14. Maiden name..... **Sarah Harding**  
15. Birthplace..... **Dorchester Co. Md.**

16. Informant..... **Elwood B. Brinsfield**  
Address..... **Rhodesdale, Maryland**  
17. Burial..... **Burial** Date thereof..... **Sept. 15, 1946**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... **Vienna Cemetery**  
Location..... **Vienna, Maryland**  
18. Funeral director..... **J. J. Franpton and Son**  
Address..... **Federalburg, Maryland**  
19. **Sept 13 - 46** **Charles W. Hartung**  
(Date rec'd by registrar) 19..... **46** Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **September 13 1946** at **7-30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... **X**..... 19..... **X**..... 19.....  
and that I last saw h..... **X**..... alive on..... **X**..... 19.....

Immediate cause of death..... **Disease of Coronary Arteries**  
DURATION..... **?**

Due to..... **Arterio-Sclerosis**  
DURATION..... **?**

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE..... **Chas. W. Hartung** M. D. or other  
Address..... **Cambridge, Md.** Date signed..... **Sept. 14/46**

RECEIVED  
SEP 27 1945  
BUREAU V.B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-2)

08971

## CERTIFICATE OF DEATH

Reg. Diat. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Md. Hosp

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County DorchesterCity or town Shirlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Charles Bristol

BRISTOL

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mary Bristol7. Birth date of deceased (mo., day, yr.) Mary 6-19118. (c) If alive, give age 55 years8. AGE: Years 65 Months 4 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Romov V A10. Usual occupation Lab. A11. Industry or business None12. Name Charles Bristol13. Birthplace Romov V A14. Maiden name Donna Kuman15. Birthplace Don't know16. Informant Mary BristolAddress BRISTOL17. (burial, cremation, or removal. Which?) Burial Date thereof 9-29-46Cemetery or crematory Ever Green CemeteryLocation Wilmington, Baltimore18. Funeral director John H. B. B. B.Address Cambridge, Md19. 9-24-46 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 21 1946 at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 20 1946 to Sept 21 1946and that I last saw him alive on Sept 21 1946Immediate cause of death Delayed of theheart, acute

DURATION

3dDue to acute heart disease?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James A. Thorpe, M.D.Address Cambridge, Md Date signed Sept 24 46

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SEP 26 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 08972 16

## 1. PLACE OF DEATH:

County **Dorchester**  
 City or town **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **1 mon. 4 ds.**  
 Hospital, institution, or street address where death occurred:  
**Eastern Shore State Hospital**  
 How long in hospital or institution? **1 mon. 4 ds.**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County **Wicomico**  
 City or town **Mardela Springs**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

**Ira Catlin**

## 3. (b) Social Security Number

**none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widowed**  
 6. (b) Name of husband or wife **Julia Lee Bradley**  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) **September 9 1871**

8. AGE: Years **74** Months **11** Days **28** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Tyask In, Wicomico Co. Md.**  
 (City, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **William Augustus Catlin**13. Birthplace **Somerset Co. Md.**14. Maiden name **Elizabeth Phillips**15. Birthplace **Somerset Co. Md.**16. Informant **Hospital Records**Address **Cambridge, Maryland**17. **Burial** Date thereof **9. 11. 1946**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mardela**Location **Mardela, Md**18. Funeral director **Graveyard Bros**Address **Sharps town, Md**19. **9-9-46** (Date rec'd by registrar)Registrar **John S. [Signature]**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **September 7** 19**46** at **11.55 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 3** 19**46** to **September 7** 19**46**  
 and that I last saw him alive on **September 7** 19**46**

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

**Arteriosclerosis- Myocardial Degeneration**

Due to \_\_\_\_\_

**Senility**

Due to \_\_\_\_\_

Other conditions **Senile Psychosis****Paranoid Type**

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **[Signature]**

M. D. or other \_\_\_\_\_

Address **Cambridge, Md.**Date signed **Sept. 8**

48



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SEP 12 1946  
BUREAU V. B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County... Baltimore  
 City or town... East New Market  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Clark

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

July 1st 1896

8. AGE:

Years 50Months 7Days 3

If less than one day

hrs. min.

9. Birthplace

Virginia  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

James Clark

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Mrs James Clark  
East New Market

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

East New Market

18. Funeral director

F.B. Mellowghy

Address

East New Market19. Sept 4

(Date rec'd by registrar)

19. 194619. Elizabeth C. Smith19. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 2 1946 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 31 1946 to Sept 1 1946and that I last saw him alive on Sept 1 1946

Immediate cause of death

Heart disease  
valvular

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. Brown, M.D.Address East New Market Date signed Sept 4

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

SEP 18 1945

RECEIVED

SEP 18 1945

BUREAU V

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

Reg. Dist. No.

08974  
156

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 yrs  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Park Lane  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

John Coleman

### 3. (b) Social Security Number

214-07-8179

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Ardelia Coleman

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 30 1889

8. AGE: Years 57 Months 4 Days 7 If less than one day hrs. min.

9. Birthplace Baltimore, Balto. Co. Md  
(Town, county, and state)

10. Usual occupation General Laborer

11. Industry or business Factory

12. Name Abraham Coleman

13. Birthplace Dorchester Co. Md

14. Maiden name Elizabeth McCready

15. Birthplace Dorchester Co. Md

16. Informant Ardelia Coleman

Address Cambridge, Md

17. Burial Date thereof Sept 10 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waugh Cemetery

Location Cambridge, Md

18. Funeral director W. M. St. Clair & Son

Address Cambridge, Md

19. Sept 10 46 John Mace, Jr. M.D. Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1946 at 2:35 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1946 to Sept 7 1946

and that I last saw him alive on Sept 6 1946

Immediate cause of death Uremia

Other conditions Diabetes mellitus

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James G. Thompson M.D.

Address Cambridge, Md Date signed Sept 7 46

DURATION

7 days

?

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MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 12 1946  
BUREAU V C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 734

## CERTIFICATE OF DEATH

88975 111  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County... Dorchester  
City or town... East New Market  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Dorchester  
City or town... East New Market  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Thaine St.  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

John Collins

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

74 1 1875  
Days If less than one day  
hrs. min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

12. Name Samuel C. Collins

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

Address

## 17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

## 18. Funeral director

Address

19. Sept 17 19 46  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 19 46, at 9 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 19 46 to September 16 19 46and that I last saw him alive on September 12 19 46Immediate cause of death Acute Cardiac dilatation

## DURATION

2 minDue to Chronic Myocarditis 10 yrs

Due to

Other conditions Arteriosclerosis 15 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Collins M. D. or otherAddress Preston Md Date signed 9/17/46

RECEIVED  
SEP 20 1946  
BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

## CERTIFICATE OF DEATH

Reg. Dist. No. *111*

08976

## 1. PLACE OF DEATH:

County *Baltimore*City or town *East New Market*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*William Purkin Collins*

## 3. (b) Social Security Number

4. Sex

*Male*

5. Color or race

*White*

6. (a) Single, married, widowed, or divorced

*Married*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

*Jan 7 1881*

6. (c) If alive, give age..... years

8. AGE:

Years *65* Months *7* Days

If less than one day

.....hrs. ....min.

9. Birthplace

*Ind*  
(Town, county, and state)

10. Usual occupation

*Retired Farmer*

11. Industry or business

*Samuel C. Collins*

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

*Mrs W. G. Collins*

Address

*East New Market*

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof *Sept 10 1946*

(month) (day) (year)

Cemetery or crematory

*Cemetery*

Location

*East New Market*

18. Funeral director

*F. B. Melbouffly*

Address

*East New Market*19. *Sept 10* 19*46*

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *September 7* 19*46* at *11:30 PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*August 27th* 19*46* to *September 7* 19*46*and that I last saw him alive on *September 7* 19*46*Immediate cause of death *Pulmonary edema**acute, but has had a Chronic**Passive congestion*Due to *Chronic Myocarditis*Due to *Hypertension and Arteriosclerosis*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

*July B. Pinner*  
*Preston Maryland*

M. D. or other

Address..... Date signed *9/10/46*



RECEIVED

SEP 18 1945

BUREAU V. E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19102

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 days  
Hospital, institution, or street address where death occurred:  
Cambridge, Maryland Hospital  
How long in hospital or institution? 4 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 12 Dunn's Lane  
(If rural, give LOCATION)  
2. (a) If veteran, name war.....

### 3. (a) FULL NAME

ROLAND CORNISH

### 3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (a) Single, married, widowed, or divorced married

### B. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 1894 5. (c) If alive, give age..... years

8. AGE: Years 52 Months Days It less than one day..... hrs. .... min.

9. Birthplace Maryland  
(Town, county, and state)

### 10. Usual occupation.....

### 11. Industry or business

12. Name Alex Cornish

13. Birthplace Maryland

14. Maiden name Susan Jenkins

15. Birthplace Maryland

16. Informant Hospital Records

Address

17. Burial Date thereof 9-4-46  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Cambridge, Maryland

18. Funeral director Levin A. Raymond

Address Cambridge, Md

19. 9-6-46 John Mace Jr MD  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 19 46, at 2:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 19 46 to Sept 1 19 46

and that I last saw him alive on Aug 31 19 46

Immediate cause of death..... DURATION

Cardio-renal vascular disease undetermined

Due to.....

Due to.....

Other conditions Pneumo-pneumonia 5 days

(Include pregnancy within 8 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alvin E. Brunker MD

Address Cambridge M. D. or other 9-3-46

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 9 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

08978  
Reg. Dist. No. 110

### 1. PLACE OF DEATH:

County Dorchester  
City or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Bottom  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Bottom  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Clinton G. Dotson

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife Ida Dotson  
7. Birth date of deceased (mo., day, yr.) October 13, 1881 8.(c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 64 Months 11 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business Farm

12. Name Charles Dotson

13. Birthplace Dorchester County, Maryland

14. Maiden name Lane Cannon

15. Birthplace Dorchester County, Maryland

16. Informant Palma Frazier

Address Hurlock Maryland

17. Burial Date thereof September 22, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Colored Cemetery

Location Mar Hurlock, Maryland

18. Funeral director J. J. Thompson & Son

Address Federalburg, Maryland

19. Sept 22 1946 Charles Dotson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 1946 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION

Chronic Myocarditis 2 yrs

Due to Asthenic - sclerotic several

Due to years

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. K. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge, Md. Date signed Sept 19, 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 7 1946  
BUREAU VER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

## CERTIFICATE OF DEATH

08979

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Two Years  
 Hospital, institution, or street address where death occurred:  
Radiance Drive  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Radiance Drive  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war —

## 3. (a) FULL NAME

Agnes Willey English

## 3. (b) Social Security Number

9

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>W. Lawson English</u> (Deceased <u>9/16/1935</u> ) 6. (c) If alive, give age <u>—</u> years			
7. Birth date of deceased (mo., day, yr.) <u>May 1, 1872</u>			
8. AGE: Years <u>74</u>	Months <u>4</u>	Days <u>22</u>	If less than one day <u>—</u> hrs. <u>—</u> min.

9. Birthplace Drawbridge, Dor. Co., Md.  
 (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name J. Nathan Willey

13. Birthplace Maryland

MOTHER 14. Maiden name Lacey Hurley

15. Birthplace Maryland

16. Informant Sidney H. English

Address Cambridge, Maryland

17. Burial Date thereof Sept. 26, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. Sept 26 - 46 John M. English  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 23, 1946 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946 to Sept. 13, 1946  
 and that I last saw — alive on September 22, 1946

Immediate cause of death Uremia DURATION 7 days

Due to fracture neck of femur 12 weeks

Due to accidental fall, eggs

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, till in the following:  
 Accident, suicide, or homicide Accidents Date of July 1st, 1946

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Accidental fall Injured at work? —

23. SIGNATURE John M. English M.D.  
 Address Cambridge, Md. Date signed 9/26/46

RECEIVED  
SEP 27 1945  
BUREAU P. F.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

## CERTIFICATE OF DEATH

Reg. Dist. No. 08980 111

1. PLACE OF DEATH: Dorchester  
 County East New Market Md.  
 City or town One week  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Pa. County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Washington St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME  
Annie Gemeny

3. (b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1865 6.(c) If alive, give age years

8. AGE: Years 81 Months 1 Days 27 If less than one day  
 hrs. min.

9. Birthplace Bozman Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William S. Grace13. Birthplace Bozman Md.14. Maiden name Sara Banks15. Birthplace Bozman Md.16. Informant William S. GraceAddress East New Market Md.17. Burial Date thereon Oct 1, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michael's CemeteryLocation St. Michael's Md.18. Funeral director Maurice E. ThompsonAddress Easton Md.19. Sept 30 1946 Elizabeth C. Smith

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29, 1946 at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 27, 1946 to 1946and that I last saw her alive on Sept 27, 1946Immediate cause of death coronary disease

DURATION

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE R.D. Brown, M.D.Address East New Market M.D. or otherDate signed 9/30/46

RECEIVED  
OCT 2 1946  
BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... Dorchester  
 City or town... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 54 Years  
 Hospital, institution, or street address where death occurred:  
211 Oakley St.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Dorchester  
 City or town... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 211 Oakley St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

H. Philmore Geoghegan

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Martha Woodland6.(c) If alive, give age... 63 years7. Birth date of deceased (mo., day, yr.) Sept. 15, 1883

8. AGE: Years 62 Months 11 Days 26 If less than one day  
 .....hrs. ....min.

9. Birthplace... James Island, Dor. Co., Md.  
 (Town, county, and state)10. Usual occupation... Banker11. Industry or business... Bank12. Name... Augustus F. Geoghegan13. Birthplace... Maryland14. Maiden name... Margaret Maguire15. Birthplace... Maryland16. Informant... Mr. Howard GeogheganAddress... Cambridge, Maryland17. Burial Date thereof... Sept. 13, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Greenlawn CemeteryLocation... Cambridge, Maryland18. Funeral director... LeCompte's Funeral ServiceAddress... Cambridge, Maryland19. Sept. 13-46 John MacFarland  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH... Sept 11, 1946 at 1:07 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 22, 1946 to Sept 11, 1946  
 and that I last saw him alive on Sept 19, 1946

Immediate cause of death... Edema of lungsDue to... Coronary thrombosisDue to... 3 weeksOther conditions... 1 day

(Include pregnancy within 3 months of death)

Major findings of operations... 0Autopsy results... 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... John F. Schneider, M.D.

Eastern, Md. M. D. or other  
 Date signed Sept 11, 1946

RECEIVED  
SEP 16 1946  
BUREAU VP

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

## CERTIFICATE OF DEATH

08982

Reg. Dist. No. 16

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:

Cambridge Hospital  
How long in hospital or institution? Three Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town East New Market Md  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Esther Elizabeth Talley

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Timothy Talley  
6. (c) If alive, give age 50 1/2 years

7. Birth date of deceased (mo., day, yr.) Oct 12 - 1902

8. AGE: Years 43 Months 11 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Eldorado Prov. Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Talley

13. Birthplace Eldorado Md

14. Maiden name Dorothy Talley

15. Birthplace \_\_\_\_\_

16. Informant Timothy Talley

Address East New Market Md

17. (Burial, cremation, or removal, Which?) Burial Date thereof Sept 33 1946  
(month) (day) (year)

Cemetery or crematory Cemetery

Location Eldorado

18. Funeral director E. B. Thellouffsky

Address East New Market

19. 9-23- 19 46 John Mauney MD  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 19 46 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 17 19 46 to September 19 19 46 and that I last saw her alive on September 20 19 46

Immediate cause of death Cerebral Thrombosis, rt DURATION 3 hrs

Due to Diabetes Mellitus 3 yrs +

Due to \_\_\_\_\_

Other conditions Lead Stone, left 4 days

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Eldridge H. Hoffmann M. D. or other \_\_\_\_\_

Address Cambridge, Md Date signed 9-21-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 26 1946

BUREAU 8

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 396

## CERTIFICATE OF DEATH

08983

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 47 years  
 Hospital, institution, or street address where death occurred:  
Academy Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Academy Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Sallie C. Harper

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife George M. Harper  
 B. (c) If alive, give age 88 years  
 7. Birth date of deceased (mo., day, yr.) February 18, 1861  
 8. AGE: Years 85 Months 7 Days 9 If less than one day  
 .....hra. ....min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business None  
 12. Name Thomas Hubbard  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Jane Wright  
 15. Birthplace Caroline County, Maryland  
 16. Informant George M. Harper  
 Address Hurlock, Maryland

17. Burial Date thereof September 29, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Paul Cemetery  
 Location Near Hurlock, Maryland  
 18. Funeral director J. F. Fraumpton and Son  
 Address Federalburg, Maryland  
 19. Sept 29 19 46 Chas. W. Spitting  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 19 46 at 7 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that Yallender deceased from  
Sept. 26 19 46 to Sept 27 19 46  
 and that last saw her alive on Sept 26 19 46  
 Immediate cause of death Intestinal Infarction DURATION  
 Due to.....  
 Due to.....  
 Other conditions Old age  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? .....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....

23. SIGNATURE Chas. W. Spitting M. D. or other  
 Address Hurlock, Md. Date signed 9-27-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

OCT 7 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 730

## CERTIFICATE OF DEATH

08984

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Drawbridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Minos Henry

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Margaret Hurley  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) September 19, 1946 July 13, 1954  
 8. AGE: Years 92 Months 2 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Dorchester County  
 (Town, county, and State)  
 10. Usual occupation Merchant  
 11. Industry or business \_\_\_\_\_  
 12. Name unknown  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace unknown

16. Informant Eastern Shore State Hospital Records  
 Address Cambridge, Maryland

17. Burial Date thereof Sept. 22, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Dorchester Memorial Park  
 Location Cambridge, Maryland  
 18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland  
 19. 7-25-46 John M. [Signature]  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1946 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9, 1946 to September 19, 1946  
 and that I last saw him alive on September 18, 1946

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

arterio-celerio cardio  
 Due to vascular disease

Due to \_\_\_\_\_

Other conditions Gastritis  
Smile [Signature]  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE [Signature] M. D. or other \_\_\_\_\_  
 Address Cambridge, Maryland Date signed 9/19/46

RECEIVED  
SEP 24 1946  
BUREAU V R

1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-2)

## CERTIFICATE OF DEATH

Reg. Diat. No. 112

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Vienna  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Cambridge Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Vienna  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Cambridge Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Noah Jackson

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife S. Annie Jackson

7. Birth date of deceased (mo., day, yr.) August 10, 1875 6.(c) If alive, give age 66 years

8. AGE: Years 71 Months 1 Days 13 If less than one day  
 .....hrs. ....min.

9. Birthplace Vienna, Dorchester County, Maryland  
 (Town, county, and state)

10. Usual occupation Farm laborer11. Industry or business Farm12. Name Charles Jackson13. Birthplace Dorchester County, Maryland14. Maiden name Rachel Hill15. Birthplace Dorchester County, Maryland16. Informant Mrs. Sarah Annie JacksonAddress Vienna, Maryland17. Burial Date thereof September 26, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reids Grove CemeteryLocation Reids Grove, Maryland18. Funeral director J. F. Frampton and SonAddress Federalburg, Maryland19. Sept. 26 19 46 Wm. R. L. Wright  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 19 46 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
Sept. 16 1946 to Sept. 20 1946

and that I last saw him in alive on Sept. 20 1946.

Immediate cause of death Apoplexy.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. Signature Edward E. Lanekin, M.D. Vienna, Md.Address Date signed 9/24/46

RECEIVED  
OCT 1 1946  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

08986

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:  
Race St.

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Race St.  
(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Jermiah Lewis

## 3. (b) Social Security Number

214-18-4450

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife <u>Lena Simmons</u> (Deceased)	6. (c) If alive, give age ..... years
---	---------------------------------------

7. Birth date of deceased (mo., day, yr.) July 16, 1880

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>10</u>	..... hrs. .... min.

9. Birthplace Hoopers Island, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Waterman11. Industry or business SeafoodFATHER 12. Name Robert C. Lewis13. Birthplace MarylandMOTHER 14. Maiden name Louise Creighton15. Birthplace Maryland16. Informant Mr. W. Riley LewisAddress Hoopers Island, Maryland17. Burial Date thereof Sept. 28, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 9-28-46 19 John Mace Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 26, 1946 at 9:50A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 to Sept. 26 19 46and that I last saw him alive on Sept. 25 19 46

Immediate cause of death .....

Acute rheumatic pancarditis

Due to .....

Due to .....

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Charles E. Braker M.D.Address 32 RACE ST. CAMBRIDGE, MD. Date signed 9-28-46

RECEIVED

OCT 2 1946

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

## CERTIFICATE OF DEATH

08987  
Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County BaltimoreCity or town near Secretary  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Anna Moyer

## 3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced.....

Female white Married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Aug 1st 1878 6. (c) If alive, give age..... years8. AGE: Years 68 Months 1 Days 19 If less than one day..... hrs. .... min.9. Birthplace.....  
(Town, county, and state)10. Usual occupation..... House Work

11. Industry or business.....

12. Name..... Joseph Kral13. Birthplace..... Austria14. Maiden name..... Barbara Hulka15. Birthplace..... Austria16. Informant..... Joseph MoyerAddress..... Secretary17. Burial..... Date thereon.....  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... CemeteryLocation..... Secretary18. Funeral director..... J. B. WilloughbyAddress..... East New Market19. Sept 21 19 46 Elizabeth C Smith  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 19 46 at 5P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24th 19 41 to September 19 19 46and that I last saw him alive on September 18 19 46Immediate cause of death pulmonary edema  
and coma DURATION 3 daysDue to left cerebral hemorrhage with  
right hemiplegia 4 dayDue to chronic arteriosclerotic  
heart disease 10 yrsOther conditions severe osteoarthritis 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Preston M d Date signed 9/20/46

SEP 26 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

08988

110

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Blanche E. Neal

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife William Henry Neal  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July 10, 1873  
 8. AGE: Years 73 Months 2 Days 0 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name John Perry Harper

13. Birthplace Dorchester County, Maryland

14. Maiden name Bertrude Harper

15. Birthplace Dorchester County, Maryland

16. Informant Miss Amy Windsor

Address Hurlock Maryland

17. Burial Date thereof September 12 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Near Hurlock Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg Maryland

19. Sept 12 - 19 46 Charles Hastings  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 19 46 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 10 19 46 to September 10 19 46 and that I last saw her alive on September 10 19 46

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Harrison MD  
Hurlock Md. M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 9/12/46

DURATION

30 minutes1 hr.

RECEIVED

SEP 27 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-2

## CERTIFICATE OF DEATH

00989

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County Dorchester  
 City or town East New Market Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 months  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Reanie Sellers

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>Frank Sellers</u>			
7. Birth date of deceased (mo., day, yr.) <u>April 18, 1875</u>			
8. AGE:	Years	Months	Days
	<u>71</u>	<u>4</u>	<u>13</u>
If less than one day _____ hrs. _____ min.			

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

12. Name James Baker

13. Birthplace Dorchester County, Maryland

14. Maiden name Elizabeth Lowers

15. Birthplace Dorchester County, Maryland

16. Informant Martin Sellers

Address Hurlock, Maryland

17. Burial Date thereof September 4, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalburg, Maryland

19. Sept 4 19 46 Elizabeth C. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 19 46 at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945 to Sept 1, 1946 and that I last saw him Sept 1, 1946 alive on \_\_\_\_\_

Immediate cause of death Chronic myocarditis Hypertension

DURATION  
5 yrs  
3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

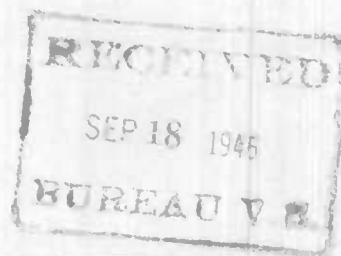
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank M. Anderson M.D.

Address Federalburg, Md. Date signed 9/4/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08990

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 Years

Hospital, institution, or street address where death occurred:

312 Henry St.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 312 Henry St.  
(If rural, give LOCATION)2. (a) If veteran, name war -

## 3. (a) FULL NAME

Henry G. Stephens

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Lillie E. Slacum Died  
3/29/1922--Mary Crosby Died 1928 years

## T. Birth date of

deceased (mo., day, yr.) April 4, 1869

## 8. AGE:

77 Years5 Months14 Days

If less than one day

- hrs. - min.9. Birthplace East New Market, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Seafood12. Name Henry W. Stephens13. Birthplace Maryland14. Maiden name Isabella Thomas15. Birthplace Maryland16. Informant Mrs. James SlacumAddress Cambridge, Maryland17. Burial Date thereon Sept. 20, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 9/20/ 1946  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 18, 46 at 7A a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1946 to Sept. 18 1946  
and that I last saw him alive on Sept. 17 1946

Immediate cause of death

uremia

DURATION

6-7 daysDue to arteriosclerotic Cardio-  
vascular Renal disease

Due to

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. H. H. H.  
M. D. or other

Address

Cambridge, Md.

Date signed

9-20-46



RECEIVED

SEP 26 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

## CERTIFICATE OF DEATH

08994

Reg. Diat. No. 115

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Fishing Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Fishing Creek  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Melvin Travers

## 3. (b) Social Security Number

218-05-8423

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1885  
 8. AGE: Years Months Days If less than one day  
60 11 5 hrs. min.

9. Birthplace

Fishing Creek, Md.  
 (Town, county, and state)

10. Usual occupation

House Carpenter

11. Industry or business

Contracting

FATHER

12. Name William Major Travers  
 13. Birthplace Md.

MOTHER

14. Maiden name Laura Elizabeth Lewis  
 15. Birthplace Md.

16. Informant

Mrs. Leila Jarrett

Address

Fishing Creek, Md.

17.

Burial Date thereof 9/8/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

LeCompte Funeral Service

Address

Cambridge, Md.

19.

Sept. 6 1946 James W. Meade  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1946, at 10 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1 1946, to Sept. 6 1946  
 and that I last saw him alive on Sept. 5 1946

Immediate cause of death

Carcinoma of Stomach

DURATION

2 yrs.

Due to

Due to

Other conditions

Chronic hepatitis10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James W. Meade, M.D.  
 Address Fishing Creek, Md. Date signed Sept. 6/46

RECEIVED

SEP 9 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

## CERTIFICATE OF DEATH

08992

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? About 60 Years

Hospital, institution, or street address where death occurred:

105 Mill St.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 Mill St.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Elizabeth Eugenia Vane

## 3. (b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife William B. Vane  
(Deceased)

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 19, 18738. AGE: Years 73 Months 1 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Church Creek, Maryland  
(Town, county, and state)10. Usual occupation Merchant11. Industry or business Millinery12. Name Josephus Brannock13. Birthplace Maryland14. Maiden name Mary Eaton Airey15. Birthplace Maryland16. Informant Mr. William B. Vane, Jr.,Address Mill St., Cambridge, Md.17. Burial Date thereof Sept. 6, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity Church CemeteryLocation Church Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Sept. 6, 1946 Dr. John Mace Jr.  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1946 at 2:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2, 1946 to Sept 3, 1946and that I last saw him alive on Sept 3, 1946Immediate cause of death Cerebral haemorrhage  
massive pt. of St. Louis DURATION 2 daysDue to Hypertension, C.V.D. ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James H. Thompson M.D. or other \_\_\_\_\_Address Cambridge, Md. Date signed 4 Sept 46

RECEIVED  
SEP 9 1946  
BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

## CERTIFICATE OF DEATH

08993

★ Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Beck. Md. R. F. D. #3  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R. F. D. #3  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

John Waltees

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 61 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. 1885 min.

9. Birthplace Maryland  
 (town, county, and state)

10. Usual occupation Lab-or

11. Industry or business

12. Name dont know

13. Birthplace dont know

14. Maiden name dont know

15. Birthplace dont know

16. Informant Radial Richardson

Address Cambridge Rd 3 Box 91

17. Beck neck Date thereof Sept 8 1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Chertsey

Location Beck neck

18. Funeral director Levin H. Bayne

Address Cambridge Md

19. 9-6-46 John M. M. M.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 19 46 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to Sept 1 19 46

and that I last saw him alive on Sept 1 19 46

Immediate cause of death Ca of stomach

DURATION ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

Signature J. H. Thompson

M. D. or other \_\_\_\_\_

Address Cambridge Md Date signed 5-8-46

RECEIVED  
SEP 9 1946  
BUREAU V.S.